PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with pplicable fee(s), to: Mail Mail Stop ISSU Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



| <u></u> | | | or <u>Fax</u> | (703) 746-4000 | | | |
|---|--|---|---|--|---|---|--|
| INSTRUCTIONS: This form appropriate. All further correspindicated unless corrected belomaintenance fee notifications. | should be used for transr condence including the Pa w or directed otherwise in | nitting the ISSU tent, advance of n Block I, by (a | JE FEE and PUBLI ders and notification specifying a new | CATION FEE (if request of maintenance fees correspondence address | uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep | should be completed where correspondence address as arate "FEE ADDRESS" for | |
| CURRENT CORRESPONDENCE AD | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | |
| ⁴ 24998 7590 | 03/16/2005 | | 7 D | have its own certifical | te of mailing or transmission. | | |
| DICKSTEIN SHAP 2101 L Street, NW Washington, DC 2003 | 7 | PE | LP | Ce I hereby certify that t States Postal Service addressed to the Ma | rtificate of Mailing or Tran his Fee(s) Transmittal is beir with sufficient postage for fi il Stop ISSUE FEE address PTO (703) 746-4000, on the | smission g deposited with the United rst class mail in an envelope above, or being facsimile | |
| 06/07/2005 MBEYENE2 000001 | 84 10603A53 | ్డ్) | | transmitted to the US | PTO (703) 746-4000, on the | date indicated below. | |
|)1 FC:1501 | JUN | 0 3 2005 🚱 | | | | (Depositor's name) | |
| 2 FC:1504 | 1400 100 OP | Ы | | | | (Signature) | |
| 3 FC:8001 | 300.00 dp | ADEMARKET | | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVE | NTOR' | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/603,853 | 96/26/2003 | | Masahiro Matsi | 10 | R2180.0170/P170 | 3711 | |
| TITLE OF INVENTION: POW CIRCUIT | ER SUPPLY APPARATU | JS VARYING A | N OUTPUT CONS | FANT VOLTAGE IN F | ESPONSE TO A CONTROI | L SIGNAL FROM A LOAD | |
| APPLN, TYPE | SMALL ENTITY | ISSUE F | EE F | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | | \$300 | \$1700 | 06/16/2005 | |
| EXAMINE | R | ART UNIT | | CLASS-SUBCLASS | | | |
| RILEY, SHA | AWN | 2838 | 338 323-287000 | | | | |
| I. Change of correspondence ad CFR 1.363). Change of correspondenc Address form PTO/SB/122) and "Fee Address" indication PTO/SB/47; Rev 03-02 or m Number is required. | orrespondence | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME AND RE | SIDENCE DATA TO BE | PRINTED ON T | THE PATENT (print | or type) | | | |
| PLEASE NOTE: Unless an recordation as set forth in 37 | assignee is identified belo CFR 3.11. Completion of | w, no assignee this form is NO | data will appear on T a substitute for fili | the patent. If an assigng an assignment. | nee is identified below, the o | locument has been filed for | |
| (A) NAME OF ASSIGNEE. | | (E |) RESIDENCE: (CI | TY and STATE OR CO | | | |
| Ricoh Company | , Ltd. | | Japan | | BEST AVAIL | able cody | |
| Please check the appropriate ass | ignee category or categorie | es (will not be pr | inted on the patent): | Individual X | Corporation or other private gr | oup entity Government | |
| 4a. The following fee(s) are encl | | | . Payment of Fee(s): | | | | |
| Issue Fee | | | A check in the a | mount of the fee(s) is en | nclosed. | . ``. | |
| e'b. | entity discount permitted |) | - ∧ | dit card. Form PTO-203 | | 1 | |
| Advance Order - # of Co | , 1U, , | <u></u> | 37 - 1 - | hereby authorized by | charge the required fee(s), or (enclose an extra c | credit any overpayment, to | |
| 5. Change in Entity Status (fro | m status indicated above) | | | <u> </u> | | • | |
| a. Applicant claims SMAl | LL ENTITY status. See 37 | CFR 1.27. | ☐ b. Applicant is r | o longer claiming SMA | LL ENTITY status. See 37 C | FR 1.27(g)(2). | |
| The Director of the USPTO is re NOTE: The Issue Fee and Public interest as shown by the records | quested to apply the Issue cation Fee (if required) will of the United States Pater | Fee and Publica I not be accepted | tion Fee (if any) or to I from anyone other Office | re-apply any previous than the applicant; a reg | ly paid issue fee to the applic sistered attorney or agent; or t | ation identified above. he assignee or other party in | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria. Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria. Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Thomas J. D'Amico

Authorized Signature

Typed or printed name

Date

Registration No.

05

28,371

JUN 0 3 2005

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
rademark Office; U.S. DEPARTMENT OF COMMERCE

| Under the Pa | Under the Paperwork Reduction and Paperson are required to respond to a collection of information unless it displays a valid OMB control num | | | | | | | | | | |
|--|--|-------------------------------------|--------------|-----------------------|---------------|--------------------------|-------------|------------------|--|--|--|
| | Effective on 12/0 | Complete if Known | | | | | | | | | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Application Number | | 10/603,853-Conf. #3711 | | | | | |
| FEE TRANSMITTAL | | | | Filing Date | | June 26, 2003 | | | | | |
| For FY 2005 | | | | First Named Inventor | | Masahiro Matsuo | | | | | |
| | Examiner Name | | S. Riley | | | | | | | | |
| Applican | Art Unit | | 2838 | | | | | | | | |
| TOTAL AMOU | NT OF PAYMENT | (\$) 1,730 | 0.00 | Attorney Docket | No. | R2180.0170/P170 | | | | | |
| METHOD OF | PAYMENT (chec | k all that apply) | _ | | | | | | | | |
| Check X Credit Card Money Order None Other (please identify): | | | | | | | | | | | |
| X Deposit Ac | count Deposit Accour | it Number: <u>04-1073</u> | Deposit Acc | count Name: D | ickstein SI | napiro Morin & | Oshinsky | LLP | | | |
| For the | above-identified de | posit account, the | Director is | s hereby authoriz | ed to: (chec | k all that apply) | | | | | |
| x CI | harge fee(s) indicate | ed below | | Charg | je fee(s) ind | licated below, ex | cept for th | ne filing fee | | | |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | | | |
| FEE CALCUI | LATION | | _ | | | | | | | | |
| 1. BASIC FILIN | G, SEARCH, AND | EXAMINATION F | EES | - | | | | | | | |
| | F | ILING FEES | | ARCH FEES | | IATION FEES | | | | | |
| Application Ty | ype Fee | <u>Small_Entit</u> (\$) Fee (\$) | ⊻ Fee (\$ | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees F | Paid (\$) | | | |
| Utility | 300 | | 500 | 250 | 200 | 100 | | | | | |
| Design | 200 | | 100 | 50 | 130 | 65 | | | | | |
| Plant | 200 | | 300 | | 160 | 80 | - | | | | |
| Reissue | 300 | | 500 | 250 | 600 | 300 | | | | | |
| Provisional | 200 | | 0 | 0 | 0 | 0 | | | | | |
| 2. EXCESS CLA | | 100 | v | ŭ | · | v | | Small Entity | | | |
| Fee Description | | | | • | | | Fee (\$) | Fee (\$) | | | |
| | r 20 (including Rei | ssues) | | | | | 50 | 25 | | | |
| Each independe | | | | 200 | 100 | | | | | | |
| Multiple depen | | - | | | | | 360 | 180 | | | |
| Total Claims | Extra Claims | Fee (\$) | Fee | Paid (\$) | <u>M</u> : | ultiple Depende | nt Claims | | | | |
| 26 | - 26 = | x = | | Fee (\$) | | | ee Paid (\$ | <u>3)</u> | | | |
| | | | | | | | | _ | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee | Paid (\$) | | | | | | | |
| | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | |
| <u>Total Sheet</u> | ts Extra She | ets Numb | er of each a | additional 50 or fra | ction thereo | f <u>Fee (\$)</u> | <u>Fee</u> | <u>Paid (\$)</u> | | | |
| 100 = /50 (round up to a whole number) x = | | | | | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | | | | |
| Non-English | Specification, \$1 | 30 fee (no small | entity disc | count) | | | 4.4 | 00.00 | | | |
| Other (e.g., | rmal | 1,400.00 300.00 | | | | | | | | | |
| 1504 Publication fee for early, voluntary, or normal 300.00 8001 Printed copy of patent w/o color 30.00 | | | | | | | | | | | |
| | | | | | | | | | | | |
| SUBMITTED BY | | | | -Registration No. | 00.074 | Tolonhara | (202) 92 | 0 2222 | | | |
| Signature | Vo | (D | | (Attorney/Agent) | 28,371 | Telephone | (202) 82 | | | | |
| Name (Print/Type) Thomas J. D'Amico Date | | | | | | | BI E COPP | | | | |
| DEST AVAILABLE COPY | | | | | | | | | | | |

The PTO exercise the following listed item(s)___

DSMDB.1933687.1